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<b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN  PATENT APPLICATION</b>  <input type="checkbox"/> Declaration Submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge 37 CFR 1.16(e) required)	Attorney Docket No.	CYM-035
	First Named Inventor	Cohenford
	<b>COMPLETE IF KNOWN</b>	
	Application Serial Number	09/825,482
	Filing Date	April 3, 2001
	Group Art Unit	Not Yet Assigned
	Examiner Name	Not Yet Assigned

**As a below named inventor, I hereby declare that:**  
My residence, post office address, and citizenship are as stated below next to my name.  
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Detection and Typing of Human Papillomavirus Using PNA Probes  
*(Title of the Invention)*

the specification of which  
☐ is attached hereto  
OR  
☐ was filed on 04/03/2001 as United States Application Serial Number or PCT International (MM/DD/YYYY)  
Application Number 09/825,482 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose to the Patent Office all information known by me to be material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Serial Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application serial numbers are listed on a supplemental priority data sheet attached hereto.
60/194,304	04/03/00	
60/225,524	08/15/00	

## DECLARATION – Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c), of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Serial Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioners to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below



Place Customer  
Number Bar Code  
Label Here


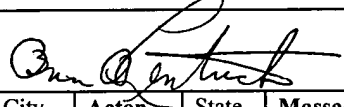
Name	Registration Number	Name	Registration Number
Michael J. Bastian	47,411	Kurt W. Lockwood	40,704
Steven M. Bauer	31,481	Thomas C. Meyers	36,989
Elias C. Behrakis	47,416	Joseph B. Milstein	42,897
John V. Bianco	36,748	David G. Miranda	42,898
Isabelle A.S. Blundell	43,321	Ronda P. Moore	44,244
Maureen A. Bresnahan	44,559	Indranil Mukerji	46,944
Michael H. Brodowski	41,640	Edmund R. Pitcher	27,829
Jennifer A. Camacho	43,526	Michael A. Rodriguez	41,274
Joseph A. Capraro, Jr.	36,471	Jamie H. Rose	45,054
John J. Cotter	38,116	R. Stephen Rosenholm	45,283
Brian A. Fairchild	P-48,645	Christopher W. Stamos	35,370
John V. Forcier	42,545	Diana M. Steel	43,153
Steven J. Frank	33,497	Joel Stettenheim	P-48,797
Kia L. Freeman	47,577	Joseph P. Sullivan	45,349
Brian M. Gaff	44,691	Robert J. Tosti	35,393
Michael J. Giannetta	42,574	Thomas A. Turano	35,722
Duncan A. Greenhalgh	38,678	Christine C. Vito	39,061
William G. Guerin	41,047	Patrick R.H. Waller	41,418
Jonathan A. Harris	44,744	Daniel A. Wilson	45,508
Ira V. Heffan	41,059	Gerald E. Worth	45,238
Danielle L. Herritt	43,670	Yin P. Zhang	44,372
Douglas J. Kline	35,574		
John D. Lanza	40,060		

☐ Additional registered practitioners named on supplemental Registered Practitioner Information sheet attached hereto.

Direct all correspondence to:

Patent Administrator  
Testa, Hurwitz & Thibault, LLP  
High Street Tower  
125 High Street  
Boston, MA 02110  
Tel. No.: (617) 248-7000  
Fax No.: (617) 248-7100

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>Name of Sole or First Inventor:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Menashi A.				Cohenford				
Inventor's Signature						Date	08/3/01	
Residence	City	West Warwick	State	Rhode Island	Country	USA	Citizenship	USA
Mailing Address	One Cold Spring Drive							
Mailing Address (In. 2)	City	West Warwick	State	Rhode Island	ZIP	02893	Country	USA
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) attached hereto.								
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Brian				Lentrichia				
Inventor's Signature						Date	08/03/01	
Residence	City	Acton	State	Massachusetts	Country	USA	Citizenship	USA
Mailing Address	228 Parker Street							
Mailing Address (In. 2)	City	Acton	State	Massachusetts	ZIP	01720	Country	USA